

FORM 500S 2002 Virginia Small Business  
Department of Taxation Corporation Return of Income

P.O. Box 1500  
Richmond, VA 23218-1500



FISCAL year filer or SHORT year filer: enter beginning date \_\_\_\_\_, \_\_\_\_\_, and ending date \_\_\_\_\_, \_\_\_\_\_, and CHECK here. ☐

Check if --  A Change in Address <input type="checkbox"/>  B Final Return (No Longer Liable for Tax) <input type="checkbox"/>  C Coalfield Credit <input type="checkbox"/>  (Claimed or Earned)	Name		Official use only
	Number and street		
	Address continued		Federal Employer Identification Number
	City or town, state and ZIP Code		
	Date Incorporated	Place Incorporated	Virginia Corporation Account Number
Principal Business Activity Code		Description of Business Activity	

If your tax return is filed on computer generated forms or forms supplied by a tax preparer and you do not need to receive a corporate packet next year, place an "X" in the box to the right. ☐

IMPORTANT: ATTACH A COPY OF YOUR FEDERAL RETURN TO THIS RETURN

PART I - Virginia Additions and Subtractions To Federal Income of Shareholders

SHAREHOLDERS	1. Name, Address and Social Security Number	No. of Shares	2. Additions From Part II Line 3	3. Subtractions From Part III Line 6	4. Net Adjustments Difference Between Columns 2 and 3
A					
	SSN:				
B					
	SSN:				
C					
	SSN:				
D					
	SSN:				
E					
	SSN:				
TOTALS					

QUESTIONS

The corporation's books are in care of \_\_\_\_\_ located at \_\_\_\_\_  
 Has your federal income tax liability been redetermined for any prior year(s) which has not previously been reported to the Virginia Department of Taxation? Yes \_\_\_\_\_ No \_\_\_\_\_. If "yes", state years \_\_\_\_\_. Report changes under separate cover and mail to Virginia Department of Taxation, P.O. Box 1880, Richmond, Virginia 23218-1880.

Mail this return to the Virginia Department of Taxation, P.O. Box 1500, Richmond, Virginia 23218-1500 on or before the fifteenth day of the fourth month following the close of the taxable year. Checks should be made payable to the Virginia Department of Taxation.

DECLARATION

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act, of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

_____ (Date)	_____ (Signature and phone number of officer)	_____ (Title)
_____ (Date)	_____ (Individual or firm, signature of preparer and phone number)	_____ (Address)

(Prepare's SSN or FEIN)

